

**Community Health Care Collaborative (CHCC) Grant Program**  
**Frequently Asked Questions**  
**December 26, 2006**

**Is the CHCC grant the same as the Community Health Services (CHS) grant for community clinics?**

No. The CHCC grant is a new program established by E2SSB Chapter 67, Laws of 2006. The purpose of this grant is to enhance and support the development of collaborative community-based organizations in developing innovative health care delivery models that can be replicated throughout the state and increase access to health care for Washington residents. It is particularly intended to serve employed, low-income persons who are uninsured and underinsured through local programs focusing on: access to medical treatment; efficient use of resources; or improve quality of care.

The CHS program was established in 1985 and provides grants to community clinics for primary health care for medical, dental, and migrant services based on a sliding fee. Its target population are people at/or below 200% of the federal poverty level who are uninsured or underinsured.

**Are county governments eligible to apply for the CHCC grant?**

Yes. Those eligible to apply must be able to show evidence of private, non-profit, tax-exempt status incorporated in the State of Washington, or public agency status under the jurisdiction of a local, county, or tribal government.

**How much money was allotted for the CHCC grant program?**

The total funding for this program is \$1.4 million for a two-year grant cycle.

**What is the maximum CHCC grant award that any one applicant can expect?**

The maximum award is \$250,000 for a two-year cycle (pursuant to ESSB 6376 Section 213(12), Chapter 67, Laws of 2006) with matching funds of \$2.00 for every \$1.00 awarded.

**What constitutes local funding?**

This is funding from a source that resides within the region that is served by the program/project.

**What constitutes matching funds?**

Matching funds include cash and in-kind resources. Emphasis is placed on contributions from the local community to show the level of commitment from that community for local programs. For the purposes of this grant opportunity, matching funds must be a direct match and not a duplication of, or matched to other funds. Additionally, matching funds may include:

- a. Both new and existing funds
- b. Funding from local governments and the federal government earmarked for programs aligned with the CHCC's objectives (access to medical treatment; efficient use of resources; or improve quality of care)
- c. Local grants such as corporate, community, family or private foundations, and other charitable organizations
- d. Volunteer services that are documented and furnished by professional and technical personnel, consultants, and other skilled or unskilled labor. Rates for volunteer services must be consistent with those paid for similar work in the labor market
- e. Donated supplies such as expendable property and office supplies at the market value of the property at the time of the donation, and

f. Equipment, buildings, or land at the market value of the property at the time of donation

Excluded from matching funds are:

- a. Washington State Health Care Authority or other state programs; and
- b. Revenues generated through third-party payers.

**Do matching funds need to be directly linked to the program/project activities?**

No. They can be matched to the overall program/project activities.

**Are membership contributions allowable as matching funds?**

Contributions derived from affiliated groups for example consortium membership dues are considered matching funds.

**How can I find out about eligibility for the Medicaid Administrative Match (MAM)?**

The Medicaid Administrative Match (MAM) program provides reimbursement to community based programs for administrative activities related to outreach and coordination for people who are potentially eligible for Medicaid or current recipients. However, only governmental agencies, or their subcontractors, can claim Medicaid Administrative Match (MAM) for outreach and related activities.

Washington State's MAM program is administered through the Department of Social and Health Services (DSHS), Health and Recovery Services Administration (HRSA). More information is available by contacting: Alan Himsl, Section Manager, PO Box 45508, Olympia, WA 98504-5508 Phone: (360) 725-1647.

**What is the difference between "Total Agency" and "Total Program/Project" referenced in the budget sheets?**

This is determined by the structure of the organization. In some organizations the "total program/project" is the total agency. In that case the numbers would be the same. However, in other organizations there may be an umbrella agency, where the total agency budget information is greater than the total program/project's budget.

**If there is more than one program/project, should budgets be prepared for each one?**

It is not necessary. It is up to the applicant to determine whether to reflect the budget within one summary or create distinct summaries for each program/project. However, it would need to be reflected in the Resource Narrative in section IV.

**Can additional pages be added for the narrative sections if needed?**

No. Page limitations stated in the application and instructions must be followed for the application to be considered responsive.

**Is assistance available with the budget section prior to the application submission?**

Yes. Prior to the application deadline any questions regarding the application should be sent to Jan Ward Olmstead at [jolm107@hca.wa.gov](mailto:jolm107@hca.wa.gov) or Lucy Crow at [lcro107@hca.wa.gov](mailto:lcro107@hca.wa.gov)

**Do I have to submit a paper copy in addition to 6 CD copies of the application?**

Yes. Submission requirements stated in the application instructions must be followed for the application to be considered responsive.

**What are short-term and long-term Outcomes/Results in Table 2: Performance Measures?**

Short-term outcomes/results should be accomplished within the contract year and long-term are beyond the contract period. However, both are flexible within those parameters and established by the timeline.

**Will there be additional reporting requirements beyond the quarterly performance measure updates?**

Successful applicants will be informed of any additional reporting requirements established by the Administrator of the Health Care Authority. Those requirements will be a condition of the grant contract.